ket Number	CLV	-20676

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August 17, 2000 Date of Deposit

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Box Patent Application Washington, DC 20231

UTILITY PATENT APPLICATION TRANSMITTAL AND FEE SHEET

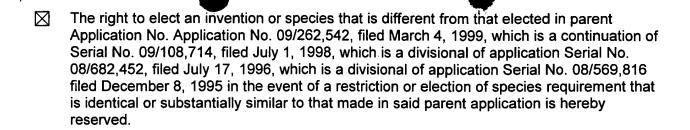
Transmitted herewith for filing under 37 CFR §1.53(b)(1) is a continuation of prior Application No. 09/262,542, filed March 4, 1999, which is a continuation of Serial No. 09/108,714, filed July 1, 1998, which is a divisional of application Serial No. 08/682,452, filed July 17, 1996, which is a divisional of application Serial No. 08/569,816 filed December 8, 1995.

Applicant (or identifier): NICOLSON ET AL.

Title:

EXTENDED WEAR OPHTHALMIC LENS

Encl	osed	are:
1. 2. 3.		Specification (Including Claims and Abstract) - 135 pages Drawings - sheets Declaration and Power of Attorney a. Newly executed (original or copy) b. Opy from a prior application (signed or with indication that original was signed)
	•	 i. Deletion of Inventors Signed statement attached deleting inventor(s) named in the prior
4.	\boxtimes	application Incorporation By Reference
		The entire disclosure of the prior application, from which a copy of the Declaration and Power of Attorney is supplied under Box 3b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.
5.		Microfiche Computer Program (appendix)
6.		Nucleotide and/or Amino Acid Sequence Submission
		Computer Readable Copy Paper Copy
		Statement Verifying Identity of Above Copies
7.	\boxtimes	Preliminary Amendment
8.		Assignment Papers (Cover Sheet & Document(s))
9.		English Translation of
10.	Ц	Information Disclosure Statement
11.	닕	Certified Copy of Priority Document(s)
12.	X	Return Receipt Postcard
13.	Ш	Other:



Filing fee calculation:

Before calculating the filing fee, please enter the enclosed Preliminary Amendment.

Before calculating the filing fee, please cancel claims 2-158.

Basic Filing Fee								\$ 690	
Multiple Dependent Claim Fee (\$ 260)									\$
Foreign Language Surcharge (\$ 130)								\$	
	For	Number Filed		Number Extra		Rate			
Extra Claims	Total Claims	24	-20	4	х	\$	18	=	\$ 72
	Independent Claims	4	-3	1	x	\$	78	=	\$ 78
TOTAL FILING FEE								\$ 840	

Please charge Deposit Account No. 19-0134 in the name of Novartis Corporation in the amount of \$840. An additional copy of this paper is enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 CFR §1.16 and §1.17 which may be required in connection with this application, or credit any overpayment, to Deposit Account No. 19-0134 in the name of Novartis Corporation.

Please address all correspondence to the address associated with Customer No. 001095, which is currently:

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Please direct all telephone calls to the undersigned at the number given below and all telefaxes to (678) 415-3068.

Date: August 17, 2000

Richard I. Gearhart Attorney for Applicants

Respectfully submitted

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